

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET

SERIAL NO.

10/785150

FILING DATE

APPLICANT(S)

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1	1		1			
2		1		1		
3		1		1		
4		1		1		
5		2		2		
6		2		2		
7		2		2		
8		1		1		
9		1		1		
10		1		1		
11		1		1		
12		1		1		
13		2		2		
14		2		2		
15		2		2		
16		2		2		
17	1		1			
18		1		1		
19		1		1		
20		1		1		
21		1		1		
22		1		1		
23		2		2		
24		2		2		
25		2		2		
26		1		1		
27		1		1		
28	1		1			
29		1		1		
30						
31						
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33						
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36						
37						
38						
39						
40						
41						
42						
43						
44						
45						
46						
47						
48						
49						
50						
TOTAL IND.	3		3			
TOTAL DEP.		36		36		
TOTAL CLAIMS	39		39			

CLAIMS

	IND	DEP	IND	DEP	IND	DEP
51						
52						
53						
54						
55						
56						
57						
58						
59						
60						
61						
62						
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90						
91						
92						
93						
94						
95						
96						
97						
98						
99						
100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						